

## Teledermatology Referring Clinician Survey – Store-and-forward Modality

1. I get an educational benefit from the referral.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐

2. I prefer teledermatology consultation to traditional referrals.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐

3. My patients benefit from the teledermatology consult process.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐

4. I received a timely response to my consult request.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐

5. The consultant provided information that was helpful in the management of my patient.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐

6. There were technical problems that made it difficult for me to send or receive the consult.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐

7. Overall, I am satisfied with the teledermatology consult process.

**Strongly Agree**      **Agree**      **Neutral**      **Disagree**      **Strongly Disagree**

☐      ☐      ☐      ☐      ☐